

PART B - FEE(S) TRANSMITTAL

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7590

09/01/2004

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MILLS & ONELLO LLP
Suite 605Eleven Beacon Street 11/23/2004 DENMANU2 00000093 10691258
Boston, MA 0210801 FC:1501
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Vanessa Marakas	(Depositor's name)
<i>Vanessa Marakas</i>	(Signature)
November 18, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/691,258	10/22/2003	Yoon-Min Kim	SAM-0462	5454

TITLE OF INVENTION: INTEGRATED CIRCUIT TEST SYSTEM AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	12/01/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, JIMMY	2829	324-760000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 MILLS & ONELLO, LLP

2 _____

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

Samsung Electronics Co., Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Republic of Korea

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
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- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Anthony P. Onello, Jr.

Date

November 18, 2004

Typed or printed name

Anthony P. Onello, Jr.

Registration No.

38,572

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT
Attorney Docket No.: SAM-0462
Customer No.: 29344

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Yoon-Min Kim, *et al.*
U.S. Serial No.: 10/691,258
Filing Date: October 22, 2003
Examiner: Nguyen, Jimmy
Group Art Unit: 2829
Date of Notice of Allowance: September 1, 2004
Title: INTEGRATED CIRCUIT TEST SYSTEM AND
METHOD

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

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11-18-04

Date


Vanessa Marakas

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TRANSMITTAL LETTER

Sir:

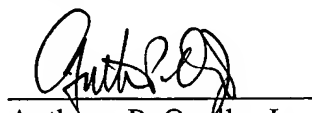
Enclosed herewith for filing in the above-identified patent application please find the following:

1. Fee(s) Transmittal PTOL-85;
2. Check in the amount of \$1,700.00 to cover Issue Fee, ten (10) advance-order copies of the printed patent and the Publication Fee; and
3. Return Postcard

In connection with the foregoing matter, please charge any additional fees which may be due, or credit any overpayment, to Deposit Account Number 50-1798. A duplicate copy of this letter is provided for this purpose.

Respectfully submitted,

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